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ABSTRACT

This publication is intended for use as a supplement to "A Guide for Planning and Developing Guidance and Counseling Programs in Virginia's Public Schools." After a general discussion of basic concepts in counseling with handicapped students, the publication provides separate sections discussing basic educational goals and counseling concerns for the following categories of disability: (1) educable and trainable mentally retarded; (2) learning disabled; (3) seriously emotionally disturbed; (4) hearing impaired; (5) visually impaired; (6) orthopedically impaired; (7) other health impaired; (8) severely and profoundly handicapped; (9) speech and language impaired; (10) deaf-blind; (11) autistic; and (12) multihandicapped. Each section addresses the following topics: developmental characteristics, behavioral characteristics, long-range educational goals, educational development, counseling techniques, and vocational/career guidance. References and a glossary are provided, along with information on special college admissions testing arrangements for handicapped students. (TE)

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Counseling with Handicapped Students

SUPPLEMENT TO "A GUIDE FOR PLANNING AND DEVELOPING GUIDANCE AND COUNSELING PROGRAMS IN VIRGINIA'S PUBLIC SCHOOLS"

CG 022620

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COUNSELING WITH HANDICAPPED STUDENTS

Supplement to
"A Guide for Planning and Developing
Guidance and Counseling Programs
in Virginia's Public Schools"

Commonwealth of Virginia
Department of Education
Division of Special Education Programs
and Pupil Personnel Services
Guidance Service
Richmond, Va. 23216
April 1985

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RATIONALE

This publication is intended for use as a supplement to *A Guide for Planning and Developing Guidance and Counseling Programs in Virginia's Public Schools.* That 1983 publication presents a design for a guidance and counseling program which addresses the goals of public education in the Commonwealth, as established in *Standards of Quality for Public Schools in Virginia, 1982-84.*

These goals are to aid each pupil, including handicapped students, to accomplish the following:

- develop competence in the basic learning skills,
- progress on the basis of achievement,
- qualify for further education and/or employment,
- develop ethical standards of behavior and participate in society as a responsible family member and citizen.
- develop a positive and realistic concept of self and others,
- enhance the beauty of the environment,
- respond to aesthetic experiences through the arts,
- practice sound habits of living and personal health, and
- acquire a basic understanding and appreciation of the free enterprise system.

The majority of handicapped students are receiving special education services in schools with non-handicapped students, either in separate classes or for a part of the school day in regular classes. All, regardless of handicapping conditions, are entitled to receive services from the schools' guidance counselors. As student advocates, counselors help students acquire understandings and skills essential for academic competency, develop responsible and ethical personal behavior, and function productively in work and society.

With regard to non-handicapped students, one appropriate model of guidance programming for handicapped students is a developmental model, committed to the concept that every handicapped individual has the potential to grow, learn, and develop. The developmental model is comprehensive and sequential, based upon students' intellectual, social, emotional, and career development needs. (See *A Guide for Planning and Developing Guidance and Counseling Programs in Virginia's Public Schools.)*

Guidance counselors may need more detailed information concerning the variations in development within the handicapped population. This Monograph identifies those differences and provides information about successful counseling strategies to meet student needs arising from those differences. The Monograph is divided into three major sections. The first contains general information which is pertinent to counseling with all handicapped students. In the second section, specific information is given about the various types of handicapping conditions, general characteristics of handicapped students, and suggestions for counseling students in each category of exceptionality. The third section contains general information for counseling with parents of handicapped students.

GENERAL INFORMATION

Historically, programs for certain handicapped students have existed in some areas of Virginia since 1938. Then, in 1968, legislation was enacted in Virginia which required certain special education programs in all local school divisions. In 1972, this legislation was amended to provide special education programs for identified handicapped children and youth from age 2 to age 21, inclusive. Therefore, many of the provisions for special education were already in place in Virginia when, in 1975, federal legislation (Public Law 94-142) identified other provisions for services to handicapped students throughout the United States. These included provisions for counseling with handicapped students as well as with their parents.

Knowledge of the following topics, as they relate to handicapped students, will be useful to counselors in working with these students:

- Developmental Characteristics
- Behavioral Characteristics
- Long-Range Educational Goals
- Educational Development
- Counseling Techniques
- Vocational/Career Guidance

A detailed discussion of each of the above topics is found in the sections about each handicapping condition.

Counselors need also to understand the varying growth patterns of handicapped students. In general, the developmental age corresponds more directly with students' functioning age than it does with students' chronological age. The developmental ages and guidance implications, as explained in the *Guide*, should be considered for each exceptionality. (Refer to the specific exceptionality later in this Monograph for additional discussion.)

Attention is also directed to some basic concepts in counseling with handicapped students. Although these concepts, stated below, may apply to counseling with all students, awareness of them as they may have specific applications for handicapped students should be helpful.

- Some handicapped students may need help to develop, restore, or maintain their positive self-concept.
- Some handicapped students, probably due to mental and/or physical limitations, may be confused about their sexual identity and may need help to understand their own sexuality and family life role.
- Some handicapped students may not have had opportunities to develop recreation and leisure skills and may need to be encouraged to participate in such activities.
- Some handicapped students, under certain circumstances, may need assistance in learning acceptable social behavior.
- Some adjustments and variations in conducting career guidance activities may be needed for handicapped students.
- Some handicapped students may need help in decreasing their dependency upon their parents and significant others.
- Some students, depending upon the onset of the handicapping condition, may need assistance with adjustment to their specific handicaps.
- Handicapped students may possess unusual combinations, and varying degrees, of abilities, interests, aptitudes, limitations, and expectations which are influenced by the parameters of the diagnosed conditions.
- Many handicapped students may be able to pursue secondary and/or post-secondary education.
- Preparation of both students and staff members may be needed before integrating handicapped students into regular classes.

Therefore, the relationship among teachers of handicapped students, other pupil personnel specialists, and counselors should be especially cooperative.

Some specific ways counselors may work cooperatively with teachers are as follows:

- consulting with the teacher(s) on special needs and problems;
- participating in child study committee meetings;
- participating in and/or providing in-service about handicapped students;
- assessing for career interests and aptitudes;
- assisting with infusion of career education;
- participating in parent conferences;
- interpreting data from student records;
- planning and providing group guidance activities; and
- preparing teachers, non-handicapped students, and other involved to receive handicapped students in regular classes and school activities.

Counselors should participate as members of child study committees which collect and study information about students who are experiencing difficulty in school, either academically, behaviorally, or both. After careful consideration of the information, the child study committee makes recommendations which may include modification of the current educational program or setting for the student, the need for additional assessment, specialized placement, alternative programs, referral to other agencies, and improvement of the social environment. Counselors can help by providing information about students from sources such as parent and student conferences and students' records.

Finally, recommendations concerning related services needed by handicapped students may be made by counselors in developing the Individualized Education Program (IEP). Counseling, when identified as a needed and related service for students, should be included as a part of the IEP. Counselors may contribute information about students which would assist with program planning.

Whenever possible, handicapped students should be included in groups of non-handicapped students for guidance activities, including group counseling. The time to include handicapped students in regular guidance activities is best determined by counselors and teachers who can consider the student's exceptionality and the related factors involved — factors such as the handicapping condition (TMR, deaf, etc.), social behavior, relevance of topics, size of group, facilities, and location of activities.

Even though each handicapped student is a unique individual with variations in talents and abilities, there are some general conditions common to each exceptionality. In the sections which follow, information is provided about the several exceptionalities identified in Virginia regulations.* These are as follows:

- Mentally Retarded
- Learning Disabled
- Seriously Emotionally Disturbed
- Hearing Impaired
- Visually Impaired
- Orthopedically Impaired
- Other Health Impaired
- Severely and Profoundly Handicapped
- Speech and Language Impaired
- Deaf-Blind
- Autistic
- Multihandicapped

In the preceding discussion, general information about counseling with handicapped students has been presented. In the sections which follow, specific guidelines for counseling with students who have varying exceptionalities will be discussed.

* The definitions provided for each exceptionality are taken from the Virginia Board of Education's *Regulations Governing Special Education Programs for Handicapped Children and Youth in Virginia*, September 1984.

MENTALLY RETARDED

"*Mentally retarded* means significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects the child's educational performance."

Significant subaverage general intellectual functioning is a score measured at least two standard deviations below the mean on a standardized individual intelligence test. According to the American Association on Mental Deficiency (1973), *adaptive behavior* is the "effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and culture group." (The developmental period is considered to extend from conception to 18 years of age.) The above components must be present before an individual is said to be mentally retarded.

As a rule, schools separate mentally retarded students into classifications of educable mentally retarded (EMR) and trainable mentally retarded (TMR). Because the groups vary in their needs and abilities, each is discussed separately.

I. Educable Mentally Retarded

Developmental Characteristics

Educable mentally retarded (EMR) students often achieve at an anticipated level that is consistent across academic and social areas. The rate of learning is slower than that of non-handicapped students. Some developmental characteristics for EMR students are shown in the following table:

DEVELOPMENTAL CHARACTERISTICS OF EMR STUDENTS

Chronological Age	Potential Growth
0 - 5	Can develop social and communication skills. Have minimal retardation in sensori-motor areas. Often not distinguished from non-handicapped child until a later age.
6-20	Can learn academic skills from third to sixth grade by the late teens. Can be guided toward social conformity.
21 - Adult	Can usually achieve social and vocational skills adequate for self-support. May need guidance or assistance when under social or economic stress.

While EMR students are characterized by limited capacity for academic achievement, they can often be socially independent in the community. After finishing school, if the student can be partially or totally self-supporting, the "retarded" label may no longer serve a useful purpose.

Most of the time, EMR students' physical development appears normal. Only after demonstrating poor learning abilities in school are students considered retarded in academic areas. Because social maturity and adjustment may sometimes be retarded, EMR students may experience difficulty in interpersonal relations.

Behavioral Characteristics

Mentally retarded students have social, emotional, and educational needs similar to those of other students; but, because of their lower level of intellectual functioning, they may experience much more difficulty and frustration in meeting these needs. In addition, mentally retarded students often have a history of failure and rejection and possess a low tolerance for frustration. Consequently, they may be reluctant to tackle problems which, to them, seem hopeless.

Long-Range Educational Goals

The goals for educating retarded students are concentrated in the areas of functional literacy, independent living skills, self-realization, human relationships, economic self-sufficiency, and civic responsibility.

Educational Development

Most EMR adolescents have the same interests and social needs as other adolescents; however, their emotional and educational development may be somewhat delayed. Students may not be ready for reading, writing, spelling, or arithmetic until the approximate age-range of 8 to 11 years. Generally, students may be expected to attain a fifth or sixth grade achievement level, although some students may progress beyond these levels.

Counseling

EMR students generally need particular help from counselors upon entering school and at the onset of adolescence. At these times, difficulties may occur because of frustration, lack of acceptance by others, the need for self-acceptance, unfamiliarity with the school environment, and communication difficulties.

When counseling with EMR students, counselors may find certain strategies based on learning principles especially useful in assisting EMR students in solving the problems they may

encounter. Programmed instruction, contingency contracts, and token systems may be incorporated into counseling procedures. Some techniques are as follows:

- Present concrete, meaningful, multiple examples.
- Introduce environmental change slowly.
- Present new concepts one step at a time.
- Provide a variety of experiences to assure learning of basic concepts.
- Use repetition spaced over time.
- Provide opportunities for success.
- Use incentives and praise.
- Provide consistency.
- Provide positive reinforcement for correct responses and appropriate behaviors.
- Relate counseling activities to students' optimum level.

Counseling Techniques

Certain counseling techniques and aids are effective when counseling with mentally retarded students.

1. The use of film strips, models, and arts and craft media works well in both individual and group counseling.
2. A directive counseling approach may be used to help students discover satisfying solutions to problems, particularly in areas of behavioral changes and assuming major responsibilities for themselves.
3. A clear, concise, and concrete manner of speaking during counseling sessions may help to alleviate difficulties students may experience with abstract reasoning.
4. A crisis counseling approach may need to be used frequently because mentally retarded students may have limited problem solving and/or coping skills. (Ewing, C. P. *Crises intervention as psychotherapy.* New York: Oxford University Press, 1978.)
5. The tendency of mentally retarded students to make infrequent self-referrals may require the counselor to arrange for counseling opportunities.
6. Teachers of mentally retarded students may appropriately be involved in both individual and group counseling sessions with EMR students.

Group Counseling

The advantages of group counseling for EMR students are numerous. The group provides a support system, a source of peer influence, and a possible outlet for the release of anxiety and tension. As members of the group, students experience socialization and may learn that they are not alone with their problems. Group membership contributes to the development of social intimacy and positive feelings of acceptance and belonging. The group may provide an opportunity to learn from others and to correct misconceptions. Groups may also provide a setting where members can focus on present inappropriate behaviors, experiment with more appropriate behaviors, and receive immediate feedback. Depending upon the nature of the group, it may be advisable to include peers in the group to serve as positive role models.

While the general techniques for conducting groups apply in most group settings, there are particularly useful approaches when working with EMR students:

1. Help group members to stay on the topic.
2. Assist one another to express feelings.
3. Stress politeness and the need to listen as well as to talk.
4. Link similiarities of concerns and interests among group members.
5. Check frequently for understanding the issue under discussion.
6. Repeat, restate, and clarify when necessary.
7. Establish goal(s) for the group.
8. Help students to set personal goals that correlate with those of the group.
9. Use refreshments, games, introductory activities, and structured activities to help to establish the initial relationship.
10. Make videotape recordings of the group process regularly and/or periodically for use in the group as a focus of discussion for improving student behavior.
11. Use role-playing to help students develop new understandings and skills in interpersonal relationships.
12. Use play media, music, and art to help students develop self-insight.

Career/Vocational Guidance

It is important to include EMR students in career/vocational guidance activities. Most will eventually adjust to work and become partially or totally self-supporting. As with other workers, job failure among EMR students is generally related to personal, social, and inter-personal characteristics rather than to inability to execute the assigned tasks. Therefore, counselors should assist the student in acquiring specific skills related to completing accurate job applications and participating in interviews. Attention also needs to be given to other factors related to job success:

- problem solving in the work setting;
- appropriate personal appearance including dress and grooming;

- regular attendance and punctuality;
- acceptable attitudes toward work;
- acceptable manners;
- ability to get along with fellow workers and supervisors;
- notification before leaving work;
- job responsibility including completion and accuracy of work; and
- acceptable behavior.

The counselor, working with the classroom teacher, the vocational teacher, vocational rehabilitation, and other agencies, should assist the student in developing skills necessary for seeking and maintaining a job.

II. Trainable Mentally Retarded

Developmental Characteristics

Trainable mentally retarded (TMR) students develop mentally at a rate which is slower than educable mentally retarded students. Some of the developmental characteristics of TMR students are shown in the table below.

DEVELOPMENTAL CHARACTERISTICS OF TMR STUDENTS

Chronological Age	Potential Growth
0 - 5	Can learn to talk and to communicate. Have poor social awareness. Have fair motor development. Profit from self-help training. Need moderate supervision.
6 - 20	Can profit from training in social and occupational skills. Unlikely to go beyond second grade in academics. May learn to travel alone in familiar places.
21 - Adult	May achieve self-maintenance in unskilled or semi-skilled work. May need sheltered conditions. Need supervision and guidance when under mild social or economic stress.

Behavioral Characteristics

TMR students are able to communicate with speech or with gestures. In reading, these students may learn to recognize some words: names and survival words such as police, fire, etc. Mathematics achievement may include learning some quantitative concepts: telling time, counting and using money, and use of a calendar. Because both social maturity and personal adjustment are impeded, some TMR students may experience difficulty with interpersonal relations.

Educational Goals

For educational purposes, TMR students are generally divided into three levels depending upon chronological age; however, the grouping is flexible and may vary among school divisions.

EDUCATIONAL CLASSIFICATIONS OF TMR STUDENTS

Level	Chronological Age	Developmental Age
Primary	5/6 - 9	2 - 4½
Intermediate	10 - 13	3 - 7
Advanced	14 - 21	4 - 9

Long-Range Educational Goals

Refer to the EMR section for specific examples of educational goals for retarded students. The goals of the primary, intermediate, and advanced levels, while overlapping, are for the TMR student to function ultimately as a contributing member of the community. Academically, the average achievement level of a TMR student is the second grade.

Counseling

The ultimate goal of the education of trainable mentally retarded students is to help them adjust to the community as social participants and as wage earners. Counselors assist in the growth process as with any other student through individual counseling, group guidance, and group counseling. In addition, the counselors work as valued resource and support persons with parents and staff members.

Social and emotional developmental goals may need to be stressed in counseling TMR students who may demonstrate limited social behaviors due to the lack of general, incidental learning. However, counselors should be cognizant of student inconsistency in physical and emotional growth and development and in variations in abilities, interests, and aptitudes. Counselors should note the usual inability of TMR students to deal with abstractions. Using the table given below as a general guide, counselors should consider the goals and components appropriate to the individual student's development.

DEVELOPMENTAL GOALS OF TMR STUDENTS

Goal	Components
Primary Level	
Social development	Awareness of self Awareness of others Listening and responding

	Acceptable manners
	Orderliness
Emotional development	Self-control
	Responding to relationships
Intermediate Level	
Social development	Acceptable manners
	Personal responsibility
	Personal recreation
	Safety measures
	Recreation
Emotional development	Self-control
	Interpersonal relationships
Advanced Level	
Social development	Application of acceptable manners
	Safety habits
	Personal responsibility
	Recreation
Emotional development	Self-control
	Interpersonal relationships
	Sexuality

Counseling Techniques

When counseling with TMR students, counselors should keep in mind that the developmental lag is significant. The functioning age of the TMR student as well as chronological age must be considered. TMR students experience problems similar to those experienced by other students. Such problems include difficulties with parent relationships, sexual identity, and interpersonal problems. Similarly, inappropriate work behaviors may create problems when the student becomes employed.

Successful techniques which may be used in individual counseling sessions with elementary TMR students may include the use of dolls, doll houses, puppets, and pictures for younger students. Also, some students may develop autobiographies and create scrapbooks. (See EMR section, page 4)

When counseling with TMR students in small groups, some other techniques have proven to be successful. Small groups of 4 to 8 students are usually more effective than larger ones. The group should include some verbally skilled students. In order for the students to learn the group process, some repeated exercises may be necessary. Techniques which may be used include recreation and play activities, singing, dramatics/role playing, and the use of films, filmstrips, A-V aids, and dolls and puppets.

Bibliotherapy is another technique that may be used in counseling with TMR students. First, the group listens to stories about children and the problems they encounter. Discussion then centers on their own experiences and ways of handling problems. Bibliotherapy may result in an increased understanding of the students' own feelings and the reactions of others. Students may also gain more control over their own actions which, in turn, may lead to improvement in their language and social skills. (See EMR section)

Career/Vocational Guidance

Activities in career/vocational guidance for TMR students must be adapted to meet the students' levels of abilities. Sometimes, TMR students may have difficulties with reading and writing. For them, activities which are basically oral and repetitive may be more appropriate. Major emphasis should be given to career exploration, work values and attitudes, and social behaviors on the job. However, realistic employment goal-setting should be accompanied by vocational assessment.

After finishing school, TMR students may be employed competitively or work in a sheltered environment. The most successful areas of possible competitive employment are as follows:

- food service
- domestic work
- groundskeeping and greenhouse
- assembly line production
- janitorial/utility
- laundry work
- hotel/motel attendants

There are work-related problems unique to TMR students in competitive jobs. Problems generally arise from the student's lack of knowledge about how to interact with or relate to non-handicapped individuals other than teachers or family members. In addition, TMR students may lack the required social attributes in the natural work environment.

Many parents are reluctant to allow TMR students to be employed. Parental concerns for them are often based on fear of harassment and ridicule, possible transportation problems, disruption of family schedules, loss of Social Security Supplemental Benefits (SSI), and over-protectiveness. In this instance, the counselor should assist the parents to understand both the work potential and opportunities available to TMR students.

Counselors should help TMR students develop the basic social skills needed for interaction on the job and learn appropriate dress and grooming. Students should have opportunities to practice verbal interview skills and behaviors. Role-modeling, role-playing, constructive feedback, and use of films, filmstrips, and other media aids

are methods counselors may use to provide such opportunities. Counselors can devise a variety of ways to simulate job-related experiences. In order to be considered for job placement, TMR students must demonstrate independence in self-care skills and also the desire to work.

Development of recreation and leisure-time activities is also important for students. Students and parents should be encouraged to participate in summer camp programs, weekend activities, Special Olympics, and respite care programs whenever and wherever they are available.

LEARNING DISABLED

Definition

"Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an impaired ability to listen, think, speak, read, write, spell, or to do mathematical calculations which adversely affect the child's educational performance. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage."

Developmental Profile

Learning disabilities (LD) are often defined in terms of a process disorder involving expressive, receptive, and/or integrative functions. They are not the direct result of impaired intelligence or mental retardation. In fact, a student who is mentally retarded cannot be classified as learning disabled. It is possible that one or more areas of language development (understanding, speaking, reading, spelling, and writing) has been atypical. More males than females are identified as learning disabled; the reason for the imbalance is not known.

Educational Characteristics

A pervasive characteristic of the LD student is a severe discrepancy between ability and achievement, where the student functions far below estimated potential in one or more academic areas. This discrepancy often places students in situations where they are treated inconsistently or negatively.

The following characteristics are commonly associated with learning disabled students:

1. Difficulties with language, reading, spelling and/or writing; some have problems with mathematics.
2. Confusion about orientation in time or space (placement of writing on a page; confusion of concepts of before/after, right/left, up/down, reversal of letters, numbers, and/or words).
3. Difficulty with the memory process.
4. Problems with following directions, written and/or oral.
5. Cumulative record showing many teacher references to the "careless," "lazy," "unmotivated" student.
6. Possible variability in performance from day to day or even hour to hour.
7. Difficulty with sequencing (steps in math computation, the alphabet, days of weeks, months of year, incidents in stories).
8. Understanding of concrete concepts better than abstract ones.

Educational Treatments

Teachers of LD students use specific techniques to assist the student in overcoming or adapting to the specific learning problem. The teacher, after pinpointing the area(s) of academic difficulty, determines a combination of expectations for academic, personal, and career development for each student. Remedial methods, using a multi-sensory approach and direct teaching of concepts, rather than inferential instruction, are used to create the most effective learning strategy.

Behavioral Characteristics

Behavioral variations, found among some LD students, may compound the learning problems. Adolescent LD students are apt to have concomitant emotional problems. While not all students exhibit each of the following, one or more will be present in most LD students:

- Attention disorders — difficulty in attending to or staying on task.
- Impulsivity — acting hastily without taking time to think action through; tendency to be reckless and uninhibited.
- Hyperactivity — higher than average level of body motion, including difficulty in sitting quietly; tendency to talk volubly.
- Low tolerance for frustration.

Because of these general characteristics, the student with a specific learning disability often has specific needs — academic, emotional, and social.

Counseling Techniques

Counselors need some knowledge of problems encountered by specific learning disabled students in order to provide appropriate, effective counseling. LD students will sometimes experience emotional problems

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including low self-esteem because of continual failure in the academic and, in some cases, the social areas of their lives.

Common reactions to the difficulties experienced in both academic and non-academic areas are feelings of failure, inadequacy, frustration, and discouragement. To ameliorate these feelings, the counselor may wish to use cognitive training techniques or to work with the student on the development of inner controls and positive interpersonal relationships.

It is especially helpful for LD students to know the counselor's door is open to them, and that they have a place where they can come to "collect" themselves and receive encouragement during what may be a totally discouraging day.

Studies have shown that areas of focus in counseling LD students are, in order of frequency, as follows:

- self-esteem or self-worth;
- behavior control;
- motivation; and
- academic achievement.

While traditional methods of individual counseling are acceptable for this population, atypical approaches are also used successfully. Structuring opportunities for LD students to excel and gain standing with their peers may prove beneficial. When counseling, counselors may stress *doing* rather than *talking*, such as use of a tape recorder rather than writing, and assigning structured but active responsibilities to students such as working as student aides within the school setting.

Some of the techniques used in group counseling for LD students are:

- Role playing — dealing with the feelings and attitudes that interfere with learning.
- Interpersonal functioning — learning the socialization skills and communication/conversation skills necessary in adolescence.
- Relaxation training tapes — reducing anxieties in situations perceived as stressful.

Educational Development

Many LD students have most of the educational options any other student may expect. They can expect to prepare for post high school vocational training, community or four-year colleges and/or employment. However, in order to achieve these goals, they will have to expend extraordinary energy and diligence and will need the support and encouragement of family and school.

When planning a program of studies, the student-teacher "match" should be considered in the appropriate placement of any LD student. LD students should be assigned to regular education teachers who are sensitive to their unique needs. The teacher should be flexible in making adjustments in classroom organization while maintaining a well-structured classroom and using compensatory and varied teaching approaches.

The needs of an LD student are best served when school personnel are aware that careful planning should precede moving the students into a new situation (e.g., a higher grade level requiring longer assignments; a multi-teacher situation when the student has had only one teacher; movement from room to room or to a new teacher with a different style of classroom management). A characteristic of many LD students is difficulty in adjusting to new situations. A counselor can focus attention on helping to make such changes less traumatic.

Because the world for LD students can be confusing, (b's become d's, left becomes right, etc.), it is important for them to feel they have a "home base." Moving from the elementary school, with a single teacher, to middle/junior high, or secondary high schools, with several teachers, may compound LD students' adjustment to the school setting.

Career/Vocational Guidance

The regular career guidance program activities conducted in the school will be appropriate for most LD students. However, some consideration should be given to the specific problems previously discussed in this section. Of particular importance is the need, in many cases, to present career guidance concepts orally, e.g., in class discussion, rather than have the student read them.

Early counseling intervention, focusing on structured opportunities for success, might serve to improve the poor self-concept LD students may have as a result of personal, academic, and social failures. LD students should be involved in community activities such as Girl/Boy Scouts, Future Farmers of America, etc. Leadership roles in school activities and temporary, part-time, paid, or volunteer work may serve to increase the self-image of LD students.

In some cases, the LD student may find the learning handicap so severe that college may not be feasible. Other alternatives may be on-the-job training, apprenticeship, internships, and employment. When exploring career areas, it is necessary to consider the nature of the work and the amount of reading required, the job environment, space limitations, and the attitudes of co-workers and employers toward a learning disabled worker.

SERIOUSLY EMOTIONALLY DISTURBED

Definition

"*Seriously emotionally disturbed*" is defined as follows:

A. "The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree which adversely affects educational performance:"

1. "an inability to learn which cannot be explained by intellectual, sensory, or health factors;"

   (This inability to learn may be the single most important characteristic of the emotionally disturbed student. Not only is there inability to master academic work, there is also difficulty in learning from past experiences. As the student grows older, the gap widens until a huge discrepancy from the grade level expectations becomes evident in academic and social areas.)

2. "an inability to build or maintain satisfactory interpersonal relationships with peers and teachers;"

   (The student is unable to interact with fellow students in classroom activities or organized games; is unwilling to follow rules and directions; is physically and verbally aggressive to peers and/or adults; or demonstrates a preference to be alone.)

3. "inappropriate types of behavior or feelings under normal circumstances;"

   (The seriously emotionally disturbed child may act "like a baby" or a much younger child, may act as the class clown under serious circumstances, may laugh aloud or cry inappropriately or for long periods of time. Over-reaction to routine requests may also be evident.)

4. "a general pervasive mood of unhappiness or depression; or"

   (The student's facial expression and/or bodily posture denote unhappiness and depression; appears to be apathetic, is overly compliant, and indulges in self-destructive ideation and/or behavior. The student shows dissatisfaction with self, refuses to attempt tasks, or develops compulsive work habits; destroys work, erases frequently, or becomes distressed if own work is not perfect; and seldom displays joy or accepts compliments.)

5. "a tendency to develop physical symptoms or fears associated with personal or school problems."

   (These students may refuse to attend school. Once there, they may pay regular visits to the infirmary, or school nurse, or request that the parents be called to take the student home. Complaints will increase in frequency as the stress intensifies. The student is fearful of bodily injury and illness; attempts to escape "dressing out" for physical education.)

B. "The term, *seriously emotionally disturbed*, includes children who are schizophrenic. It does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed."

Developmental Profile

Intellectual development ranges from low average to superior, similar to students in general. Physically, emotionally disturbed students appear indistinguishable from other students. Emotional and social development may be below average; however, each student's emotional and behavioral pattern is unique.

Emotional development may be interrupted, arrested, or impaired. Inappropriate affect, wide mood swings, faulty self-concept, and lack of self-worth and self-confidence prevail. Social development tends to lag behind the chronological age expectations. Immature behavior and inappropriate sexual behaviors may be apparent.

Deviation from age-appropriate behavior significantly interferes with the child's own growth and development and with the lives of others. There may be few or no friendships at home, at school, or in the neighborhood. Problems with parents and siblings are common. Likewise, there may be problems with authority or problems which are legal in nature.

Educational Characteristics

There is no agreement on the etiology of emotional disturbance. Whatever the cause, approximately four times as many boys as girls are identified as emotionally disturbed and provided with special education services.

Emotionally disturbed students are often educationally retarded, but not necessarily mentally retarded, and remediation is extremely difficult.

ED students may exhibit

- lack of motivation;
- poor reading skills;
- difficulty in completing tasks;
- limited development of cognitive skills;
- inability to work well in groups;
- short attention span;
- problems with computation;
- limited recall; and
- inability to deal with abstract concepts.

In addition, the student probably

- possesses limited ability to follow directions;
- pays poor attention to detail; and

• possesses limited experiential background.

These students will need constant reinforcement and will work best in a one-to-one relationship.

Educational Development

When counseling with emotionally disturbed students, the counselor should be knowledgeable about available educational programs and the specialized methods and techniques employed by teachers of the handicapped. The terms "emotionally disturbed" and "behaviorally disordered" are used synonymously by educators.

A highly structured, directive approach that incorporates firmness, consistent rewards, and understanding of behavioral consequences brings results. The teacher and counselor should tolerate rejection and/or hostile behavior by the student without rejecting the student or becoming counter-aggressive.

Behavioral Characteristics

The following characteristics, often present to a greater degree in the emotionally disturbed student than in the non-handicapped student, may interfere with learning and thereby contribute to learning problems:

lack of confidence;
hyperactivity;
inattentiveness;
depression;
fearfulness;
low frustration tolerance;
distractability;
withdrawal and isolation;
verbal or physical aggression;
impulsivity;
non-conforming behavior;
clowning behavior; and
phobias.

Counseling Techniques

Counselors should exercise care when counseling with students who have emotional problems. If severe problems are indicated, referral to appropriate professional(s) should be made in accordance with established procedures.

Helping students acquire more acceptable behaviors and enabling them to relate to peers and adults are of primary importance for these students. In the process, counselors should emphasize self-help, communication, and basic social skills.

Some behavioral techniques for dealing with inappropriate behaviors are presented for the counselor to employ and/or share with other personnel. For other strategies, see *Controls from within — techniques for the treatment of the aggressive child*, F. Redl and D. Wineman, New York: The Free Press, 1965. A summary of Redl and Wineman strategies are the following:

1. Planned ignoring

   In some cases, attention given to a behavior reinforces that behavior. In such instances, planned ignoring of off-task behavior can be used to decrease the undesirable behavior.
2. Proximity or touch control

   Proximity refers to non-threatening movement toward a misbehaving child to cue him/her back on-task. Touch control means gently touching a child to cue him/her back on-task.
3. Signal interference

   Signal interference involves the use of non-verbal cues (a look, a hand signal, etc.) to get a student back on-task.
4. Involvement in interest relationship

   This involvement refers to a sincere interest shown in the activity of a child who is getting off-task.
5. Direct appeal

   This technique involves an appeal for personal interaction.
6. Support through routine

   This concept implies consistency in maintaining scheduled activities.
7. Support through restructuring

   Restructuring involves abandonment of an activity which is failing to keep students busy and the substitution of a more desirable one.

Several group counseling techniques and media, as discussed below, are appropriate for use with emotionally disturbed students.

1. Commercially prepared videotapes are available which demonstrate coping difficulties similar to those faced by students. Viewing is followed by counselor-led discussion to help students to develop coping strategies and skills. Subjects include coping with peer pressure, expressing feelings, and understanding parents' treatment of children.

   SEE: *Inside out: a guide for teachers.* Bloomington, Indiana, Agency for Instructional Television, 1975.
2. Relaxation tapes and training are useful in helping students to overcome fears and anxieties about school, tests, and other stressful situations.
3. The "Turtle Technique," particularly useful with younger students, is used to reduce aggressive behavior by controlling an impulsive reaction to regress. The four components of the Turtle Technique are responsiveness, relaxation, problem solving, and peer support.

   SEE: *Turtle Technique.* Psychology in the school, October, 1976, *13*(4), 449-453.
4. Leadership classes, based on positive peer influence, can help students understand and resolve

their problems. The role of the leader, or counselor, is that of a coach, teacher, supervisor, or counselor, but never that of a therapist.

SEE: Varrath, H. H. and Bendtro, L. R. *Positive peer culture* Aldine Publishing Co., Chicago, 1974.

5. Other group counseling methods may include bibliotherapy, especially poetry; buddy system to promote social interaction and to model more appropriate behavior; puppets; play media; transactional analysis; and creative drama or role playing.

Specific Techniques

Some additional techniques which counselors have found to be effective are discussed below.

1. Play Therapy

   Use of games, activities, toys, dolls along with speech of a supportive nature.

2. Art Therapy

   Use of art media individually or in groups — drawing, finger painting, working with clay mosaics.

3. Music Therapy

   Use of music in a group to give a sense of community.

4. Dance Therapy

   Use of the body to release or break down inhibitions.

5. Socio-Drama

   Use of puppets, plays, and/or dramatics.

6. Bibliotherapy

   Directed reading designed to help individuals gain understandings of self and the environment, learn from others, and find solutions to problems.

   For additional information, see *The bookfinder: a guide to children's literature about the needs and problems of youth*, S. S. Dryer, Circle Pines, Minn.: American Guidance Service, 1977.)

Educational Development

Some emotionally disturbed students, depending on their progress over time, will graduate from high school, undertake post-secondary study, and/or become employed. For others who continue to have emotional barriers, the future is uncertain. Some students study for the GED if they have been unable to master subjects in early years; others never acquire the skills necessary to maintain a job, attend college, or have meaningful interpersonal relationships.

Career/Vocational Guidance

The provision of career/vocational guidance programs is essentially the same as that for other students. Consideration for each student's strengths and weaknesses, as well as for the amount of support needed for success, is important.

Because emotionally disturbed students may have problems with interpersonal relationships, career guidance activities should emphasize good interpersonal and communication skills, wholesome attitudes, and positive work values. Career guidance activities may include role-playing of interviews, work simulation, and on-site visitation.

Because job failure among ED students is generally related to social, personal, and interpersonal characteristics rather than to inability to execute the assigned tasks, counselors may need to give special attention to other factors related to job success. For a listing of factors related to job success, refer to page 4.

HEARING IMPAIRED

Children with hearing impairments are eligible for special education services under the categories of deaf and hard of hearing. Because the definitions are specific and the educational problems and counseling strategies are unique to each, the two categories are discussed separately. However, counselors should be aware that both deaf and hard-of-hearing students may share the same characteristics. Consequently, implications for educational expectations, counseling techniques, and available resources and referral agencies are included in the following sections. It is suggested that counselors refer to both sections for comprehensive information regarding these populations.

I. Deaf

Definition

"*Deaf* means a hearing impairment which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplication, which adversely affects educational performance." Students identified as deaf, even with hearing aid assistance, may be unable to understand language or speech and have difficulty performing academically up to potential.

Developmental Profile

The developmental profile for deaf students, who have no other handicapping conditions, is usually affected by a lack of language stimulation. Any academic deficits they may experience may not be related to intellectual impairment but rather to the lack of understanding of abstract concepts, idioms, and written language as is learned from spoken English by the hearing person. Some of these students may lack appropriate social skills, and some may have unsatisfactory interpersonal relations because of limitations in

speech and hearing.

Educational Development

Communication problems experienced by deaf students are directly related to the students' ages at the onset of the disability. Children who are *postlingually deaf* are those who become deaf after acquiring language and speech. Such students are generally less functionally handicapped than other deaf students because a language base exists on which to build communication skills. In contrast, *prelingually deaf* students are deaf at birth; therefore, acquisition of speech and language skills is more difficult and usually involves more time to develop. Prelingually deaf students are likely to have more expressive and receptive communication problems and may have significantly delayed language compared to that of a hearing person. Both prelingually and postlingually deaf students tend to function below academic expectations for their ages and grades. Deficiencies in achievement, especially in the areas of reading, writing, spelling and interpersonal relations, generally are caused by their limited ability to communicate.

Educational Expectations

Many deaf students graduate from high school and pursue careers in a variety of occupations. In many cases, post-secondary training in academic and vocational areas are viable options. (For further discussion, refer to Educational Expectations in the Hard of Hearing section, page 13).

Counseling Techniques

Deaf students have the same concerns, problems, and needs as other students. However, there are situations and experiences peculiar to deaf students which may also require services of the counselor.

Because of the nature of the handicap, deaf students may lack the information and skills required to function effectively in the immediate and extended environments. Such students may not exhibit or understand appropriate responses, and consequently, may experience avoidance or ridicule by others. Many deaf students, lacking what would be considered "normal" interpersonal communication skills and experiences, may appear to others to be aloof, introverted, immature, or socially unskilled.

Deaf students may feel isolated both at school and within the family due to communication barriers (i.e., reading body language inappropriately, misunderstanding messages, etc.). Family stresses and responses to deaf students may affect these students' educational programs, progress, and future.

Among the methods counselors may use with deaf students are the following:

A. Written Notes

Notes are useful for imparting information and clarifying understandings.

B. Speech Reading

Some students have learned to speech read. The following suggestions can facilitate communication and counseling with these students:

1. Counselors should sit so that light falls on their faces, making lip movement clearly visible. They should speak normally, without exaggerating words or phrases. Counselors should restate or rephrase any words not understood by these students.
2. Hearing students should be encouraged to talk with deaf students to help the deaf students become better accustomed to speech patterns, tone, and rhythm. Initially, it can be helpful to have these students read a few paragraphs aloud so that counselors may synchronize the sounds heard with the words they represent, thus becoming more familiar with the students' speech style.
3. If students use sign language, counselors should be aware that the English used may reflect the syntax and grammar of Ameslan (American Sign Language) rather than deficits in the use of standard English.
4. Counselors should continually seek feedback from deaf students to ensure that they are comprehending.
5. A synopsis should be provided so that both the deaf student and the counselor understand the communication.

C. Sign Language

Counselors who are able to sign may work directly with deaf students, both individually and in groups. Counselors not proficient in signing may use an interpreter. Problems may exist, however, when using an interpreter in a counseling session. The lack of direct communication by counselors with students may lead to a loss of rapport, and the presence of a third party may inhibit both counselors and students who are unaccustomed to using an interpreter or when confidential material is discussed. And, it is unavoidable that some feeling, as well as content, may be lost in the translation process.

If counselors do not sign, or are unable to locate an interpreter, the alternative is referral of the student for counseling to an agency which can better meet the deaf student's needs.

The following guidelines for the use of an

interpreter in a counseling situation are adapted from the Arkansas Rehabilitation Research and Training Center:

1. Interpreters should repeat verbatim what the deaf students are signing or saying.
2. Counselors and interpeters must avoid private conversations in the presence of the students.
3. Interpreters must sign everything counselors say to the students.
4. Interpreters and counselors should sit side-by-side or with the interpreter slightly behind the counselor so that the student(s) may see both parties.
5. When students speak or sign, counselors should look directly at the student(s), not the interpreters. Observation of the student's facial expression(s) and body language helps counselors to better understand the feelings and emotions expressed by deaf clients.
6. When counselors speak, they should look directly at the students rather than at the interpreters.
7. Counselors should stress to the interpreter the need for strict confidentiality.
8. Counselors should avoid using family members as interpreters. Because of their emotional involvement with the students, family members tend to be biased, to interject comments into the counseling session, and to speak for the students.

Career/Vocational Guidance

Career guidance activities will be affected by the student's hearing problems. Deaf students who lip-read, write, or use total communication should profit from these activities.

Deaf and hard of hearing students should be afforded many opportunities for work site visits, individual interviews, and shadowing with workers as well as opportunities for using career resource materials. Appropriate career assessment techniques and vocational assessment programs should be used in the career decision-making process. In addition, information about further educational and career opportunities and financial assistance should be provided.

II. Hard of Hearing

Definition

"*Hard of hearing* means a hearing impairment, whether permanent or fluctuating, which adversely affects a child's educational performance but which is not included under the definition of *deaf* in this section."

Developmental Profile

The developmental profile for a hard of hearing student may be normal. It is important for the counselor to be aware of the time of the onset of the hearing loss. This information has implications for determining appropriate educational goals and counseling. Also, it is essential to recognize the possibilities of deficiencies in social development.

Educational Development

Educational problems of hard of hearing students generally are directly related to their levels of speech and language development. If speech and language development is limited, progress in academics may be deterred. These deficiencies may not reflect deficiencies in intellectual ability, but may result from problems in communicating through speech and language.

Educational Expectations

Hard of hearing students may follow the same educational paths as other students — high school graduation, employment, or post-secondary education in a vocational school or in college. However, hard of hearing students may experience isolation from peers and may demonstrate a lag in social maturity. Some may vent feelings of anger and frustration about sounding and looking different by "forgetting" to wear their hearing aids or claiming their devices do not help them to hear better. These feelings, as well as possible denial of the hearing problems, are appropriate content for counseling.

There is often confusion about the performance standards which may be established for hard of hearing students. In addition, these students may be uncertain of their own academic potential. Some parents and school staff may have unrealistic expectations for them and, as a result, set standards which are too high or too low.

Counseling Techniques

Refer to "Written Notes," "Speech Reading," and "Sign Language" in the preceding section on deaf students.

Career/Vocational Guidance

Refer to the career/vocational guidance discussion in the previous section.

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VISUALLY IMPAIRED

Definition

"*Visually handicapped* means a visual impairment which, even with correction, adversely affects a child's educational performance. The term includes both partially seeing and blind children."

Developmental Profile

With the exception of problems with vision, the development of the visually handicapped is generally similar to that of other students.

Educational Development

The academic achievement of most visually impaired students may range from low average to superior, and may depend upon the degree of their visual impairment. Partially sighted students may read large print books; others may be so handicapped that they must use technical aids for reading. Some legally blind students have limited vision and are able to perceive light and motion.

Some visually handicapped students may have had limited opportunities to acquire knowledge of their environment. They may also be limited in their ability to move about independently which may result in dependence upon others. With little or no concept of color or visual perspective, external visual stimulation may be extremely limited. Some students may unconsciously resort to repetitive self-stimulating behaviors which may be distracting to others.

At an early age, concerns of blind students are similar to those of other students. However, at adolescence, the students may need support particularly in the areas of self-concept, sexuality, and dealing with feelings of isolation.

Partially sighted students have special problems. They are often confused not only by the perceived marginal status of being neither blind nor sighted, but also by parental expectations to be one or the other. In addition, some partially sighted students, not wanting to appear different from peers, may be reluctant to use obvious visual aids and/or special materials.

Counseling Techniques

Traditional individual and group counseling procedures are appropriate for use with visually handicapped students. When counseling with the visually handicapped, consideration should be given to the following suggestions:

1. Provide more than the usual amount of structure.
2. Refrain from shuffling papers, tapping a pen or pencil, or other such movements which, for visually handicapped students, might indicate inattentiveness, rejection, impatience, or annoyance.
3. Be specific in setting and adhering to the times of appointments for sessions.
4. Orient students to the physical environment of the counseling setting.
5. Use audible rather than non-verbal cues to convey empathy, respect, interest, and attentiveness. The tone of voice is especially important to the visually handicapped student.
6. Observe the student's fingers and hands for signs of tension or other strong emotions. Facial expressions of visually impaired students may not be an indication of the true emotion being experienced.

In group counseling, verbal interaction should be structured to accommodate students' inabilities to visualize facial expressions or body language or to communicate non-verbally.

Career/Vocational Guidance

Visually impaired students can, with special assistance, graduate from high school. They may choose to continue their education or to seek employment.

Visually impaired students should participate in the career guidance activities offered to all students. The activities should be adapted to the visual abilities of students. Opportunities should be provided for the visually impaired students to explore many careers and to interact with working role models. Counselors are advised to work closely with classroom teachers to discover students' abilities, strengths, and limitations. Referrals to the Virginia Department of Rehabilitative Services may be advisable so that students may obtain additional help with career decision-making.

Counselors may administer interest inventories verbally and adapt other instruments as necessary. For example, both the College Board and American College Testing programs may be given under special conditions (see Appendix B).

ORTHOPEDICALLY IMPAIRED

Definition

"*Orthopedically impaired* means a severe orthopedic impairment which adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns which cause contractures)."

Developmental Profile

Because of the diversity of types of impairments, there is no general developmental profile of an orthopedically impaired student. For example, a student with cerebral palsy may have impairments of movement, language, visual perception, and speech and hearing.

For some students, there may be, *but not necessarily,* some degree of mental retardation, behavior disorder, or learning/perceptual disorder associated with any of their impairments. Students who receive special education services under the category of orthopedically impaired are generally educated in a regular classroom with related services provided by specialists such as counselors, physical therapists, occupational therapists, or adaptive physical education teachers.

Depending upon the severity of the handicapping condition and the time of onset, students who are orthopedically impaired may require some intensive therapy to accept and adjust to the handicap. In addition to problems of self-worth and self-concept, these students may face problems of overprotection by parents and siblings, social isolation, or unrealistic perceptions of their abilities.

Educational Expectations

Orthopedically handicapped students may expect to graduate from high school and go to college, participate in vocational training, or become employed.

Counseling Techniques

Orthopedically impaired students respond to the same individual and group techniques used with other students. Counselors should promote the concept of positive self-image with emphasis on students' abilities rather than their physical attributes. In counseling, emphasis should be placed on what the students can do and how they may take responsibility for themselves.

Career/Vocational Guidance

Career guidance for orthopedically impaired students should focus on helping them to make career choices based on their interests, abilities, and needs. Where possible, opportunities should be provided for them to have on-site, work-related experiences. Vocational assessment, if available, may be provided to assist students in career decision-making. Referrals may be made to Virginia Department of Rehabilitative Services for determination of service eligibility upon graduation from high school.

OTHER HEALTH IMPAIRED

Definition

"*Other health impaired* means limited strength, vitality, or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes, which adversely affect a child's educational performance."

Educational Development

Due to poor health, students with health impairments may have poor school attendance records. Because of frequent absences, grade level and academic achievement may not be consistent with ability. However, most students with health impairments may expect to graduate from high school, become employed, or acquire further education.

Counseling

Students with health impairments respond to the same individual and group counseling methods used for non-handicapped students. Special considerations for counseling are as follows:

- Concerns about health problems may be real or exaggerated. Some students may deny the existence of their health problems.
- Being perceived as "different" by peers may lead to difficulties with self-concept as well as with peer relationships.
- Constant attention to health details, however necessary, may contribute to dependency, lack of maturity, and a lessened sense of responsibility.

When developing students' programs, counselors should work closely with school nurses and the students' teachers so that necessary rest periods may be included; that lunch is scheduled to meet the dietary needs; and that adaptive physical education is planned at the optimum time.

Career/Vocational Guidance

Health impaired students should participate in the career guidance services offered to all students. In career decision-making, students should be assisted to consider career choices realistically in relation to abilities or limitations as affected by health problems. Appropriate career and vocational assessments may provide useful information for making career and educational plans. Counselors and students should discuss the advisability of disclosing health problems to potential employers or post-secondary education officials, as well as work limitations which might occur.

SEVERELY AND PROFOUNDLY HANDICAPPED

Definition

"Severely and Profoundly Handicapped is defined as follows:

(1) The term includes individuals who:
   (a) Have primary disabilities that severely impair cognitive and/or adaptive skills and life functioning;
   (b) May have associate severe behavior problems;
   (c) May have the high probability of additional physical and/or sensory handicaps; and
   (d) Do require significantly more educational resources than are provided for the mildly and moderately handicapped in special education programs.

(2) Specifically included are:
   (a) Individuals diagnosed as severely and profoundly mentally retarded; and/or
   (b) Individuals who exhibit two or more *severe* handicaps, i.e., physical, sensory, behavioral."

> NOTE: The term does not, however, include individuals of normal intelligence who are orthopedically and other health impaired regardless of the number of related support services they require.

The rate and degree of development of a severely and profoundly handicapped (SPH) student is slower than that of a trainable retarded student. Some of the developmental characteristics of the SPH student which the counselor may observe are shown in the following table.

DEVELOPMENTAL CHARACTERISTICS OF SPH STUDENTS

Chronological Age	Potential Growth
0 - 5	Generally have poor motor development, minimal speech, and inability to profit from training in self-help skills. Limited or no communication skills.
6 - 20	Can learn some communication or alternative communication skills and can be trained in elementary health habits toward achieving greater independence.
21 - Adult	May contribute partially to self-maintenance under complete supervision. Can develop self-protection skills to a minimum level in controlled environment. Limited self-care. Needs constant supervision.

Because of severe mental retardation, these students may be unable to be trained in total self-care, socialization, or economic usefulness. They need continual help in caring for personal needs and may need almost complete care and supervision for life.

Behavioral Characteristics

A. Language
   The major behavioral deficiency is in the area of language development. Inability to proceed through the phases of normal language development severely interferes with all aspects of self-care for severely and profoundly multi-handicapped students.

B. Fine and Gross Motor Skills
   Motor impairments, a major problem, are more pronounced in fine motor skills. The student needs help in developing abilities to walk, run, and skip. Further, manual dexterity training is needed to use eating or writing utensils.

C. Play and Leisure Time Skills
   Severely and profoundly handicapped students are typically deficient in play and leisure-time skills since they may not have learned how to play or how to participate in socially appropriate leisure-time activities. Development of these skills is critical to increasing proficiency in social skills, motor abilities, and language development.

D. Self-Help Skills
   SPH students are deficient in toilet training, eating skills, and dressing and grooming skills. While the severely retarded student may profit from some training in these areas, constant nursing or supervisory care may be needed.

Educational Development

Severely and profoundly handicapped individuals are limited in the ability to retain and generalize learned responses. Educational objectives must be adjusted to accommodate the severity of the disabilities and the amount of time needed for skill acquisition.

Counseling Implications

It may not be realistic for counselors to provide services for these severely and profoundly handicapped students. However, consulting with the parents and teachers of these students is a vital service which counselors can perform.

SPEECH AND LANGUAGE IMPAIRED

Definition

"*Speech and language impaired* means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, which adversely affects a child's educational performance."

Developmental Profile

Speech and language disorders may occur with any student. No developmental profile, therefore, is provided for students with this handicapping condition.

Educational Development

Students are not placed in special classes because of their speech and language disorders, although they may be in a special class if another handicapping condition exists. In general, most students' speech and language problems can be remediated over time.

Counseling Techniques

When counseling with speech and language impaired students, consideration should be given to the following:

- Counselors should work closely with speech therapists who can identify the specific speech and language disorder, give a prognosis, and suggest specific ways to work with students.
- If a problem in a student's self-concept exists, counselors may provide individual counseling. Group counseling with groups of speech and language impaired students may also be beneficial.

Some students with speech and language impairments become the targets of teasing from peers and adults. As a result, the students may feel socially isolated. Because of their real or perceived problems in communicating, they may avoid communicating with others, may have lowered self-esteem, may experience unsatisfactory peer relationships, and may have difficulty meeting the expectations of parents and teachers.

Career/Vocational Guidance

Students with speech and language impairments should participate in the career guidance activities available to all students.

DEAF-BLIND

Definition

"*Deaf-blind* means concomitant hearing and visual impairments, combination of which causes such severe communication and other developmental and educational problems that they cannot be accommodated in special education programs solely for deaf or blind children."

Counseling Implications

Children with this combination of handicapping conditions may need to be educated in a residential facility. When such students are in public schools, communication difficulties are likely to be so great that counselors would refer these students to experts skilled in the area of deaf-blind.

Counselors may consult with parents of deaf-blind students and may assist in referrals.

AUTISM

Definition

"*Autism* means a behaviorally defined syndrome; the essential features are typically manifested prior to thirty months of age and include disturbances of:

- developmental rates and/or sequences;
- response to sensory stimuli; and
- speech, language, and cognitive capacities and capacities to relate to people, events, and objects."

Developmental Profile

Autistic children can be characterized by their uneven developmental profiles. Other features of autism are impaired social development, delayed and deviant language development, characterized by poor imitation and peculiar patterns of speech, and repetitive body movements, such as handflicking and twirling, are essential features of autism.

Educational Development

It is now recognized that autistic children are able to learn in a highly structured environment. However, they exhibit uneven and idiosyncratic learning patterns. They require functional-based instructional programs specifically related to the individual student's level of functioning. They may also need supplemental activities to address unique behavioral characteristics related to the disability.

Counseling Implications

Collaborating with parents and professional colleagues must occur to assure that the educational program for the autistic student is responsive to the student's needs.

MULTIHANDICAPPED

Definition

"*Multihandicapped* means concomitant impairments (such as mentally retarded-blind, mentally retarded-orthopedically impaired, etc.), the combination of which causes such serious educational problems that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blind children."

Developmental Profile

Developmental rates and behavioral characteristics of multihandicapped individuals are dependent upon the combination of handicapping conditions and the severity of those conditions. It is difficult to describe common behavioral characteristics typical of students who have more than one handicapping condition. (Refer to other sections in this publication for additional information regarding the impairments.)

Educational Treatment

A transdisciplinary approach is necessary in order to coordinate the development and implementation of an educational program for the multi-handicapped student.

Counseling Implications

An individual who is multihandicapped may experience emotional stress and anxiety. Often, these individuals have severe communication deficits which impede ability to express feelings, to discuss problems, and to explore effective alternative solutions. In addition, because of inherent difficulties in physically managing the environment, many multihandicapped students may experience feelings of helplessness and frustration. Alternative forms of communicating, such as pictorial, graphic, and the use of gesture, may be essential when counseling.

COUNSELING WITH PARENTS OF HANDICAPPED STUDENTS

Rearing a child is difficult for any parent. For the parents of handicapped children, it is usually even more difficult. Close consultation with parents can be an effective approach in helping parents to rear their children with confidence and understanding. Intensive counseling or long-term therapy, however, is best provided by professionals outside the school setting.

Counseling with parents of handicapped students requires the establishment of a relationship characterized by empathy, trust, respect, and understanding. Many parents need help in accepting their child's handicap and in understanding that the condition is not their fault. They may also need additional information regarding their child's needs, development, and characteristics, and how the child may best benefit from the educational process. Because the following suggestions for counseling with parents are not inclusive, counselors are advised to refer to additional resources for further information:

- Counsel individually with parents regarding their childrearing concerns. Focus particularly upon parents' feelings, attitudes, and concerns.
- Involve parents, when required and as appropriate, in their child's program planning, scheduling, and extra-curricular activities.
- Assist with establishing and continuing parent support groups.
- Provide information about local resources, national organizations, contact persons, and local support groups from which parents may benefit.
- Conduct childrearing training and/or counseling groups, when appropriate, to help parents rear their children effectively. Suggest reading materials which will provide information about childrearing practices, particularly those materials relating to parents expressed concerns.
- Communicate with parents to provide information about their child's school involvement. In addition, obtain information from parents to help school staff understand these students.
- Encourage parent participation in school activities, such as volunteering, tutoring, aides, chaperones, resource speakers, PTA, and newsletters.
- Help parents and students to establish realistic career goals and future plans based on the students' abilities, interests, and aptitudes.
- Serve as a liaison between the parents and other professionals involved with their children. Interpret professional "jargon", when necessary, into language that parents can understand.
- Encourage parents to help their handicapped children develop independence.

In summary, counselors, by working with parents, can influence positively the growth and development of handicapped students.

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APPENDICES

Appendix A - Glossary

Child Study Process

The term "child study" describes a set of data gathering and problem solving activities undertaken on behalf of any child for the purpose of providing a service to that child. In schools, the process of child study is the means for improving instruction for individual children or, in some instances, groups of children.

Counseling

P. L. 94-142 defines counseling as those services provided by qualified visiting teachers, social workers, psychologists, guidance counselors, or other qualified personnel.

Direct Services

Direct services means services provided to a handicapped child by the state directly, by contract, or through other arrangements.

Free Appropriate Public Education (FAPE)

Special education and related services which:

- are provided at public expense, under public supervision and direction, and without charge;
- meet the standards of the state educational agency;
- include preschool, elementary school, secondary school, or vocational education; and
- are provided in conformity with an individualized education program.

Handicapped Children

The term *handicapped children* means those children evaluated in accordance with state and federal regulations, as being mentally retarded, hard of hearing, deaf, speech and language impaired, autistic, visually handicapped, seriously emotional disturbed, orthopedically impaired, other health impaired, deaf-blind, severely and profoundly handicapped, multihandicapped, or have specific learning disability, who, because of these impairments, need special education and related services.

Individualized Education Program (IEP)

The term *individualized education program (IEP)* means a written statement for each handicapped child developed in any meeting by a representative of the LEA who shall be qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of the handicapped child, the teacher, the parents of such child, and whenever appropriate, such child, which statement shall include the following:

- a statement of the present levels of educational performance of such child;
- a statement of annual goals, including short-term instructional objectives;
- a statement of the specific educational services to be provided to such child, and the extent to which such child will be able to participate in regular educational programs;
- the projected date for initiation and anticipated duration of such services; and,
- appropriate objective criteria and evaluation procedures and schedules for determining, at least on an annual basis, whether instructional objectives are being achieved.

Least Restrictive Environment

The *least restrictive environment* means that educational setting for handicapped children which, to the maximum extent possible, provides for education and supplementary aids/services necessary to the handicapped child's special needs, in settings comparable to, but not separate from, those provided children who are not handicapped unless the nature or severity of the handicap requires such separation.

Medical Services

Medical services means services provided by a licensed physician to determine a child's medically related handicapping condition which results in the need for special education and related services.

Parent Counseling and Training

Such services are those that assist parents in understanding the special needs of their child and that provide parents with information about child development.

Preschool Handicapped Children

Preschool handicapped children (below age 5) may be identified by:

(a) Any of the terms defined above (under "Handicapped Children") or as

(b) "Developmentally delayed," which means a child below age 5 who exhibits a significant delay in one or more of the following areas of development:
  (1) Cognitive ability
  (2) Motor skills
  (3) Social/adaptive behavior
  (4) Perceptual skills
  (5) Communication skills

Program Change

Program change means any change in the way special education services are provided to the child as determined by the child's individualized education program.

Related Services

Related services means transportation and such developmental, corrective, and other supportive services as are required to assist a handicapped child to benefit from special education, and includes speech pathology and audiology, psychological services, physical and occupational therapy, recreation, early identification and assessment of disabilities in children, counseling services, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in schools, and parent counseling and training.

School Health Services

These are services provided by a qualified school nurse or other qualified person.

Screening

Screening means those processes which are used routinely with all children to help determine educational strengths and weaknesses.

Special Education

Special education means specifically designed instruction, at no cost to the parent, to meet the unique needs of a handicapped child, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions.

1. The term *(special education)* includes speech pathology, if the service consists of specially designed instruction at no cost to the parents, to meet the unique needs of a handicapped child.
2. The term also includes vocational education, if it consists of specially designed instruction at no cost to the parents, to meet the unique needs of a handicapped child.
   a. The terms in this definition are defined as follows:
      1) "At no cost" means that all specially designed instruction is provided without charge, but does not preclude incidental fees which are normally charged to nonhandicapped students or their parents as a part of the regular education program.
      2) "Physical education" is defined as follows:
         (1) Physical and motor fitness;
         (2) Fundamental motor skills and patterns; and,
         (3) Skills in aquatics, dance, and individual and group games and sports (including intramural and lifetime sports).
3. The term includes special physical education, adaptive physical education, movement education, and motor development (20 U.S.C. 1401 (16)).
4. "Vocational education" means organized educational programs which are directly related to the preparation of individuals for paid or unpaid employment, or for additional preparation for a career requiring other than a baccalaureate or advanced degree.

Surrogate Parent

A surrogate parent is one appointed in accordance with procedures set forth to provide children who are in legal or physical custody of the state, or whose parents are not known, or are unavailable, with the protection of procedural safeguards.

Testing

Testing means individual evaluation procedures (formal testing and assessment) to determine initial or continued eligibility for special education services.

Vocational Assessment

As a part of career development, the counselor may recommend vocational assessment for some handicapped students. Vocational assessment uses a variety of tools, including real or simulated work experiences, to assist students in career decision-making. Counselors use the available resources in the school division and community for vocational assessment. The students gain insight into their vocational potential, their abilities, and the work environment best suited for them.

For additional information regarding vocational assessment programs, please contact the Division of Special Education Programs and Pupil Personnel Services, Virginia Department of Education.

(Selected definitions: *Regulations Governing Special Education Programs for Handicapped Children and Youth in Virginia*, September, 1984.)

Appendix B

Special Testing Arrangements for Handicapped Students

Both Admissions Testing Program (ATP) of the College Board and the American College Testing (ACT) Assessment provide special testing accommodations for handicapped students with visual, physical, hearing, or learning difficulties. Such modifications are made to minimize the effects of handicaps on test performance. Extended time, readers, large type, cassettes, and marking assistance are among the services available. Requests for special arrangements should be made well in advance of the examination

date.

For a Test Order Form/Test Record, information booklet for students, and registration materials, write

ATP: Services for Handicapped Students
Institutional Services
Box 592
Princeton, New Jersey 08541

All questions about the program and its services should be directed to the above address.

For information about special testing arrangements for handicapped students provided by the American College Testing (ACT), contact

The ACT Program
3355 Lenox Road, Suite 320
Atlanta, Georgia 30326-1332

For additional information regarding testing arrangements which may be made for identified handicapped students, please contact the Testing Service, Virginia Department of Education. Other accommodations for handicapped students which do not change the nature of the tests may be found in the publication *Minimum Competencies and the Handicapped Guidelines*, available from the Division of Special and Compensatory Education, Virginia Department of Education.